

STUDIO J ACADEMY OF DANCE STUDENT ENROLLMENT FORM

Student Name:	<input type="text"/>	Birth Date:	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	<input type="text"/>
School	<input type="text"/>		
	<input type="text"/>		
Disabilities	<input type="text"/>		
Special Needs	<input type="text"/>		
Allergies	<input type="text"/>		
Medications	<input type="text"/>		

If you are enrolling more than one student, add the name below. Copy this page if enrolling more than two.

Student Name:	<input type="text"/>	Birth Date:	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	<input type="text"/>
School	<input type="text"/>		
Student's Email	<input type="text"/>		
Disabilities	<input type="text"/>		
Special Needs	<input type="text"/>		
Allergies	<input type="text"/>		
Medications	<input type="text"/>		

Sign the Declarations Page that follows . . .

Family Information

Family Last Name	<input type="text"/>		
Main Contact	<input type="text"/>	Relationship	<input type="text"/>
Home Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>		
Phone Numbers	<input type="text" value="Cell"/>		
	<input type="text" value="Home"/>		
Email	<input type="text"/>		

Emails are never shared

IMPORTANT	<input type="text" value="Emergency Phone"/>
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Emergency Contact Name	Relationship
<input type="text" value=" "/>	

Alternate Contact			
Full Name	<input type="text"/>	Relationship	<input type="text"/>

Please fill in below any information that is different than the primary contact.

Home Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>		
Phone Numbers	<input type="text" value="Cell"/>		
	<input type="text" value="Home"/>		
Email	<input type="text"/>		

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